

E:11	in this information to	identifyygur o											
	in this information to otor 1	Steven Klep											
	otor 2 ouse, if filing)	<u> </u>				_							
Uni	ted States Bankruptc	y Court for the	: _EASTERN DISTRICT	OF PENNSYLVANIA	A	_							
Cas	se number 22-1	0499					Ch	eck if this is	:				
(If kr	nown)			-				An amende	ed filina				
								A supplem	ent showin	ng postpetition ollowing date:			
0	fficial Form [*]	<u> 1061</u>						MM / DD/ Y	YYYY				
S	chedule I: Y	our Inc	ome								12/15		
spo atta	use. If you are separ ch a separate sheet	rated and you	are married and not filing wing spouse is not filing wing wing the top of any additi	ith you, do not inclu	ıde infor	matio	n abo	ut your sp	ouse. If m	ore space is	needed,		
1.	Fill in your employ information.	ment		Debtor 1				Debtor 2	iling spouse				
	If you have more th		Employment status	■ Employed				☐ Employed					
	attach a separate p information about a	•	Employment status	☐ Not employed				■ Not employed					
	employers.		Occupation	Police Officer				Unemployed					
	Include part-time, s self-employed work		Employer's name	Phila Police De	partme	nt							
	Occupation may incor homemaker, if it		Employer's address										
			How long employed to	here? 12 yrs.									
Par	rt 2: Give Deta	ils About Mor	nthly Income										
	mate monthly incon use unless you are se		ate you file this form. If	you have nothing to r	eport for	any lii	ne, wi	ite \$0 in the	space. In	clude your noi	n-filing		
-	ou or your non-filing spee space, attach a sep		ore than one employer, co	ombine the informatio	on for all	emplo	yers f	or that perso	on on the li	ines below. If	you need		
							For D	ebtor 1		btor 2 or ing spouse			
2.	List monthly gross deductions). If not			2.	\$_		8,400.00	\$	0.00				
3.	Estimate and list monthly overtime pay.				3.	+\$_		0.00	+\$	0.00			
4.	Calculate gross Income. Add line 2 + line 3.				4.	\$	8,	400.00	\$	0.00			

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Debto	r 1	Steven Klepczynski			(Case number (if k	nown)	22-	10499		
						For Debtor 1			or Debtor on-filing		
•	Сор	y line 4 here		4.		\$ 8,40	0.00			0.00	-
5.	List	all payroll deductions:									
,	5a.	Tax, Medicare, and Social Secur	ity deductions	5a	١.	\$ 1,50	4.00	\$		0.00	
,	5b.	Mandatory contributions for reti	rement plans	5b	١.		5.00			0.00	_
	5c.	Voluntary contributions for retire	ement plans	5c		\$	0.00	\$		0.00	_
	5d.	Required repayments of retirement	ent fund loans	5d	l.	\$	0.00	\$		0.00	_
	5e.	Insurance		5e			0.00			0.00	_
	5f.	Domestic support obligations		5f.			0.00			0.00	_
	5g.	Union dues		5g			0.00			0.00	_
	5h. Add	Other deductions. Specify:	Fo. Fb. Fo. Fd. Fo. Ff. Fo. Fb	5h 6.	1.+		0.00			0.00	-
		the payroll deductions. Add lines culate total monthly take-home pay	Ğ	7.		\$ 2,449 \$ 5,95		- '-		0.00	-
		all other income regularly received		7.		Φ	1.00	_ Ψ.		0.00	_
	Ba.	Net income from rental property									
		profession, or farm									
		Attach a statement for each proper receipts, ordinary and necessary b									
		monthly net income.	usiness expenses, and the total	8a	١.	\$	0.00	\$		0.00	
	Bb.	Interest and dividends		8b			0.00			0.00	_
	Вс.		ou, a non-filing spouse, or a dependen	nt							_
		regularly receive									
		settlement, and property settlemen	child support, maintenance, divorce	8c	:	\$	0.00	\$		0.00	
	Bd.	Unemployment compensation		8d		*	0.00	_ ` -		0.00	_
	Be.	Social Security		8e		·	0.00	_		0.00	_
	Bf.	Other government assistance th	at you regularly receive				,,,,,	- *-			=
			alue (if known) of any non-cash assistanc	ce							
		that you receive, such as food stan Nutrition Assistance Program) or h	nps (benefits under the Supplemental								
		Specify:	ousing subsidies.	8f.		\$	0.00	\$		0.00	
	Bg.	Pension or retirement income		8g		· ·	0.00			0.00	_
	J		Anticipated pro-rated tax refund	J		·		- '-			_
	8h.	Other monthly income. Specify:		8h	.+	\$ 80	5.00	_ + \$ _		0.00	_
9.	Add	all other income. Add lines 8a+8b-	+8c+8d+8e+8f+8g+8h.	9.	:	\$ 80	5.00	\$		0.0	0
				F	L			1 🗀			
10.	Cald	culate monthly income. Add line 7	+ line 9.	10.	\$	6,756.00	+ \$	j	0.00	= \$	6,756.00
	Add	the entries in line 10 for Debtor 1 and	d Debtor 2 or non-filing spouse.		_		lL] [
11.	Stat	e all other regular contributions to	the expenses that you list in Schedul	le J.							
	Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and										
	other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule</i> J								lo I		
	_	cify:	ided in lines 2-10 of amounts that are no	l avalla	aDI	e to pay expens	es II	stea III		+\$	0.00
											0.00
			ine 10 to the amount in line 11. The re								
	Write that amount on the Summary of Schedules and Statistical Summary of Certain applies					ities and Relate	d Da	ta, if it	12.	•	6,756.00
•	appı	les							12.	L	0,100.00
										Combi	
13	י אם	YOU expect an increase or decrease	e within the year after you file this forr	n?						monthi	y income
10.		No.	uic year aiter you me uns ion								
	_	Yes. Explain:									

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